

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/10/2021	Time of Crash 23:54 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 1194 WALNUT ST Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000598		
License # --- St MA DOB/Age ---			Reg # 7SW293 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make INFI Veh Config. 1 20								
Operator REIS JALEN Last First Middle			Owner PV HOLDING CORP Last First Middle								
Address 105 PORTER ST			Address 375 MCCLELLAN HWY								
City STOUGHTON State MA Zip 02072			City E. BOSTON State MA Zip 02128								
Insurance Company GEICO			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 24 22 22 22 22			Event Sequence 24 23 24 24 25			10 Undercarriage 5 11 Totaled		
Citation # (If Issued)			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility											
Operator See Above			---			---			---		
NIEVES, JAMES			30 SPALDING ST BOSTON, MA 02121			---			---		
DEROSA, JAYDEN			59 BERRY ST BOSTON, MA 02121			---			---		
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St DOB/Age ---			Reg # --- Reg Type --- Reg State ---								
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year --- Veh Make --- Veh Config. 20								
Operator --- Last First Middle			Owner --- Last First Middle								
Address ---			Address ---								
City --- State --- Zip ---			City --- State --- Zip ---								
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
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Please fill out for operator and all occupants involved											
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility											
Operator/Non-Motorist See Above			---			---			---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

1194 Walnut Street

Walnut Street

Centre St

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

Operator of MV1 was driving northbound on Centre Street and was turning left onto Walnut Street. As he began to turn, he lost control of the vehicle and the front tires locked up and the rear tires began to spin out. He stated this was a rental vehicle that he picked up a few hours prior to the accident, and since it was picked up, it had the ABS and all wheel drive warning lights on. He stated several other dashboard warning lights came on as he was turning onto Walnut Street. Once he gained control of the vehicle, he struck several guardrail poles in front of 1200 Walnut Street, and crossed into the parking lot of 1194 Walnut Street. As the car slid into the parking lot, it took down three parking signs for Newton Highlands Wine and Spirits. The operator of MV1 and his two passengers were evaluated by Fallon Medic 4. All three signed a patient refusal. The vehicle sustained heavy damage with all front and side air bags deployed. David

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS		3	2 GUARD POLES
AND SPIRITS, HIGHLAND WINE,	1194 WALNUT S NEWTON, MASSACHUSETTS		97	THREE PARKING LOT SIGNS

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

LAUREN MARIE KEEFE NEWTON POLICE DEPT 08/11/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00

